

COUNTY BOROUGH OF WARRINGTON.

Annual Report

TO THE

Education Authority

ON

SCHOOL HYGIENE

FOR THE YEAR 1923,

BY

G. W. N. JOSEPH, M.D., D.P.H.,

Medical Officer of Health
and School Medical Officer.

WARRINGTON :

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SCHOOL MEDICAL SERVICE COMMITTEE.

LIST OF MEMBERS, 1923-24.

Alderman JAMES EVANS, Mrs. C. JACKSON HOLMES,
Councillor GEORGE ARCHER, Mr. SYDNEY W. JEFFERY,
Councillor JOSEPH BANKS, Mr. CHARLES E. PARKER (Chairman),
Councillor FRANK STRINGER, Mr. EDWIN PLINSTON,
Mr. FREDERICK HODSON, Mr. GEORGE WALKER.

Ex-Officio. Alderman DAVID TINNION.
(Chairman of the Education Committee).

OFFICIALS.

Office held.	Name.	Qualifications.
School Medical Officer ...	G. W. N. JOSEPH	M.D., B.Ch., D.P.H.
Assistant School Medical Officer	C. A. PAULUSZ	L.R.C.P., L.R.C.S. (Ed.), L.R.F.P. & S. (Glas.), L.M.R.C.P.I., D.P.H.
Dental Officer	W. HUTCHISON	L.D.S.
School Nurses	Miss BROWN	General Cert.
	Miss MASON	General Cert. & C.M.B. Cert.
	Miss GRIFFITHS	General Cert. & Hygiene Cert. (Queen's).
	Miss RITSON	General Cert.
Clerical Staff.		
Clinic Registration Clerk	Miss E. WARBURTON..	
Dental Clerk	Miss M. SANKEY	
Medical Inspection Clerk	Miss A. MILLS	
Special Officer	Mr. W. RUTTER	
Medical Inspection Clerk	Mr. J. BENION	
Assistant Secretary for Education	Mr. R. PRICE	
Director of Education	J. MOORE MURRAY ...	M.Sc. (Vict.).

SCHOOL CLINICS.

Inspection Clinic... (page 20)	Health Dept., Sankey Street	Examination of cases referred by Teachers, Attendance Officers, Nurses, &c.	Daily 2-3 p.m. (week-days) 11-12 a.m. (Sat.)
Minor Ailment Clinic (page 20)	„	Treatment of contagious diseases of skin, eyes, &c.	2-5 p.m. daily Sats., 9 a.m. to 12 noon
Dental Clinic (page 28)	„	Dental treatment	9.30 a.m. to 12 noon 2 p.m. to 5 p.m. Special cases, Thurs. & Sat. mornings
Eye Clinic (page 26)	Warrington Infirmary	Prescription of spectacles	11 a.m. Saturdays
Throat Clinic (page 27)	„	Treatment of enlarged tonsils and adenoids	Tuesday, 10 a.m. Friday (operations)
X Ray Clinic (page 28)	12, Rylands Street	Treatment of ring-worm of scalp	Tuesday, 10 a.m.



TO THE EDUCATION AUTHORITY OF THE
COUNTY BOROUGH OF WARRINGTON.

LADIES AND GENTLEMEN,

I beg to submit to you my Eleventh Annual Report on School Hygiene, viz., that for the year 1923.

Of the children attending our Public Elementary Schools 6,064 were medically examined during the year (exclusive of re-examinations) either at the Routine Medical Inspections in the Schools or at various special inspections either in the Schools or at the Clinic.
(See page 7.)

The number of children found at the Routine Inspections with defects requiring treatment (exclusive of uncleanliness and defective clothing) was 931 or 24.6% of those examined. Out of these 813 or 87.3% were treated satisfactorily before the end of the year.

For the treatment of minor ailments 349 children made 4150 attendances at our School Clinic.

In addition, the Nurses performed no less than 37,451 dressings in the schools (see page 23), thus avoiding the necessity of excluding children from attendance. Apart from the benefit accruing to the children owing to a cure being effected more rapidly, this has decidedly increased the grant, as it saved 82,312 school attendances compared with the year 1918 (see page 25).

The total gross cost for the year of the School Medical Service (£2,795) was approximately 4s. 3d. per head of the children attending our Schools, compared with an average of 5s. per head for all the boroughs in the country. The nett cost to the town is about 2s. 1½d. per child per annum.

Dr. Paulusz carried on the duties of Assistant School Medical Officer during the year, and I have to thank him for many of the statistics that follow.

The work of Mr. Hutchison, the School Dental Officer, and the four Nurses is referred to in the body of the Report (pages 18 and 28).

Mr. Flood, Chief Sanitary Inspector, has given me much valuable assistance in investigating the sanitary condition of the Schools.

I wish to convey my thanks to Mr. J. Moore Murray, the Director of Education, for assistance in collecting certain information.

I have much pleasure in stating that there has been that hearty co-operation between the officials of the Education Department and the Health Department during the past year that is necessary for the due carrying out of the work detailed in this Report.

Lastly, I would like to place on record my appreciation of the cordial support always rendered to me by the Members of the School Medical Service Committee and the Local Education Authority.

I am, Gentlemen,

Your obedient servant,

G. W. N. JOSEPH.

March, 1924.

1.—STAFF.

No changes were made in the number of the Staff engaged in the School Medical Service in Warrington during 1923, and as particulars of the duties were given in my Report for 1920 they will not be repeated here.

This Staff keeps under supervision the 13,150 children at present on the school registers.

The total gross cost for the last financial year for the work of the School Medical Service was approximately £2,795 or 4s. 3d. per head of the children attending our schools. This compares favourably with the average of 5s. per head for the boroughs and 6s. per head for the urban districts throughout the country, as given by Sir George Newman in recent Report. This is the gross cost, and as the State makes an annual grant of 50% of the expenditure, the net cost to the town is about 2s. 1½d. per child per annum.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

There has always been close co-operation between the work of the School Medical Service and that of the local Health Department.

The Medical Record Cards of all children attending the Infant Consultation Centres in the Town are passed on to the Education Department as soon as the children reach school age (viz., 5 years old). All important points in the medical history are then entered on the School Medical Schedule.

All children suspected of suffering from tuberculosis are referred at once to the Dispensary for observation by the Tuberculosis Staff of the Health Department.

3.—SANITARY CONDITION OF THE PUBLIC ELEMENTARY SCHOOLS.

A Review of the hygienic conditions of the Schools in the area, with particular reference to their surroundings, ventilation, lighting, warming, equipment and sanitation was given in last year's Report.

There are at present in Warrington 23 Public Elementary Schools, divided into 47 Departments, Arpley Street Infant School being closed during the year.

No structural alterations of note were made in 1923, but the following Schools were cleaned and decorated:—Beamont Council, Fairfield, Hamilton Street, St. Peter's, Wycliffe Council (part of), Secondary Extension, and St. Barnabas'.

Although a classification according to type and hygienic condition of all the Schools will not be repeated in the Report this year, I would like to draw attention to certain sanitary defects which exist.

It seems to me to be of the utmost importance that the children in our Schools should be taught under ideal hygienic conditions. Not only do they spend some 27 hours a week on the school premises, but it is here that some of the most lasting impressions of a child's life are formed. The facilities for lighting, ventilation, cleansing, &c., therefore, must be of the best.

We realise nowadays that one of the great needs of the community is for education in health matters, and it is essential that this should begin in the Schools.

I would urge strongly, therefore, that the two main sanitary defects remaining in a few of our Schools should receive attention. The defects referred to are—pail closets and closed stoves.

Pail Closets are still in use at the following Schools:—

Trinity (Infants).
 Silver Street (Boys).
 Latchford St. James'.
 Sacred Heart.
 Thewlis Street.
 St. Barnabas'.
 Wycliffe

The conversion of these pail closets to the water-carriage system should be carried out with as little delay as possible. It is most objectionable as well as unhygienic to have pail closets situated in a school playground, and, in addition, in some cases, in close proximity to the schoolroom windows.

Closed Stoves are still made use of for heating purposes in the following Schools:—

Heathside.
 St. Alban's.
 St. Peter's.
 St. Barnabas' (Infants).

This is unsatisfactory; the air becomes dry and detrimental to both teachers and scholars. There is also the danger of poisonous products of combustion finding their way from the stove into the classroom air. With the wind in certain directions or when the top lid has to be opened to reduce the draught, a considerable portion of the fumes blow back into the room.

There is no doubt that if in these schools an outside boiler was installed, efficient heating by the low pressure system of hot-water pipes could be obtained, with a great saving annually in the amount of fuel consumed.

4.—MEDICAL INSPECTION.

The Routine Medical Inspections are conducted by the Assistant Medical Officer during the mornings at the various schools in the Borough.

The arrangements made for carrying out this work have been detailed in earlier Reports.

In addition to these routine examinations, a large amount of inspection work is also carried out by the Doctor in the Clinic in the afternoons in examining special cases, or cases excluded from school for treatment at the Clinic or in re-examining children as to the results of treatment (see Table I., page 48).

Age Groups Inspected.—School children in Warrington are medically examined at least three times during their period of attendance at an elementary school, viz., during their 5th, 8th and 13th years. These are referred to as the “Entrant,” “Intermediate” and “Leaver” groups of children.

The numbers dealt with in 1923 were as follows:—

Entrants	...	...	...	995
Intermediate	...	...	...	1409
Leavers	...	...	...	1378
				<hr/>
				3,782
				<hr/>

The number examined in 1922 was 4,519. In addition, 325 children attending the Secondary School were examined (see page 41).

Special Cases.

Many children are specially examined each year apart from those notified for examination at the Routine Inspection.

The teachers submit any special case to the doctor at the time of inspection in the Schools, or special cases may at any time be sent to the School Clinic.

In this connection the following were dealt with in 1923:—

“Specials” at School and Clinic	...	1169
Examined at Minor Ailment Clinic		1113
		<hr/>
		2282
		<hr/>

Various additional examinations and re-examinations are carried out both in the Schools and the Clinic (see page 20).

For fuller statistics of the work of medical inspection reference should be made to Table I., page 48.

All Routine Inspections were carried out on the school premises (Article 44b).

The Board’s schedule of medical inspection was followed in every instance and there was no disturbance of the ordinary school arrangements.

5.—FINDINGS OF MEDICAL INSPECTION.

Out of the 3,782 children examined in our Schools at Routine Medical Inspection during 1923, 1,243 were found to be suffering from some defect which either required treatment or needed to be kept under observation.

That is, approximately, one-third of the children (32.8%) were found to be defective.

For the statistics relating to the year's work, reference should be made to Table II. appended to this Report (page 49).

The following is a brief review of some of the facts revealed:—

(a) **Uncleanliness.**

There was a decided diminution in the number of unclean heads found.

The percentage of cases with verminous heads (*i.e.*, nits or pediculi or both) is shown in the next table compared with recent years:—

1916	...	...	...	...	...	10%
1917	...	...	...	...	...	10.73%
1918	...	...	...	...	...	15.8%
1919	...	...	...	...	...	11.2%
1920	...	...	...	...	...	6.3%
1921	...	...	...	...	...	3.8%
1922	...	...	...	...	...	6.6%
1923	...	...	...	...	...	3.6%

The cleanliness of the heads of the Warrington school children has never been better and this is all the more noteworthy because the standard adopted in examination is a very high one.

In large measure the improvement is due to the work of the Nurses in their bi-weekly visits to the schools (page 23), and to the " Surprise Visits " (page 31), but credit is also due to the Teachers.

(b) **Minor Ailments.**

In 1923 the proportion of children found by the School Doctor to be suffering from these ailments compared with previous years was as follows:—

	1923.	1922.	1921.	1920.
Impetigo .....	.55%	.51%	.95%	1.8%
Ringworm (scalp) .....	.07%	.06%	.34%	.15%
Conjunctivitis and Blepharitis...	1.47%	.7%	1.1%	1.9%
Scabies (itch) .....	.1%	.06%	.45%	.52%

As a rule, few minor ailments are discovered at these inspections because most of the obvious cases of contagious disease have either been excluded by the Teachers as soon as they are discovered or dealt with by the School Nurses during their regular visits (see also Inspection Clinic, page 20).

(c) **Tonsils and Adenoids.**

Altogether, 361 children (9.41%) were referred for treatment of defects of the nose and throat compared with 287 (6.3%) the previous year.

This does not necessarily mean operative treatment, for in many instances after palliative treatment the enlargement of the tonsils may subside. Operation is only advised in chronic cases where the child is showing definite signs of the deleterious effect of obstruction of the naso-pharynx. Adenoids tend to make a child deaf, whilst there is no doubt that children with enlarged tonsils are more liable to infectious diseases, especially scarlet fever and diphtheria. Furthermore, such children, if they contract infectious disease, are more prone to complications.

(d) **Enlarged Cervical Glands.**

No cases requiring treatment were discovered, but 3 cases were kept under observation.

One case of tubercular glands in the neck was found.

(e) **Tuberculosis.**

Seven children who were suspected to be suffering from early tuberculosis of the lungs were referred for special treatment.

This figure, of course, does not represent the proportion of tuberculous children in the Borough.

A better idea of the real amount of tuberculosis in Warrington among school children is to be gathered from the notifications received under the Public Health Tuberculosis Regulations, 1912.

The following table shows the number of children suffering from the different forms of the disease who were to our knowledge living in the Borough on the 31st December, 1923 :

					Attending school.		Not attending school.		Total.
					Males.	Females	Males.	Females	
Tuberculosis of	Lungs	...	...	...	50	15	6	5	76
"	"	Glands	...	...	46	30	4	—	80
"	"	Peritoneum	...	...	18	5	1	2	26
"	"	Skin	...	...	—	2	—	—	2
"	"	Spine	...	...	3	1	5	1	10
"	"	Hip	...	...	5	2	2	2	11
"	"	Ankle	...	...	1	—	—	—	1
"	"	Knee	...	...	4	2	1	—	7
"	"	Foot	...	...	—	1	—	—	1
"	"	Clavicle	...	...	—	1	—	—	1
"	"	Ribs	...	...	2	—	—	—	2
"	"	Elbow	...	...	1	1	—	—	2
"	"	Tibia	...	...	2	—	—	—	2
"	"	Brain	...	...	—	—	1	—	1
"	"	Finger and hand	...	...	1	2	2	—	5
"	"	Abscesses: Leg;	...	...	1	4	—	—	5
"	"	Neck, Arm	...	...	1	—	—	—	1
"	"	Bladder	...	...	1	—	—	—	1
Totals ...					135	66	22	10	233

These cases are kept under observation by the Medical Officer of Health and his staff (see also page 33 for treatment).

(f) **Skin Disease.**

Reference is made under Minor Ailments to the cases of impetigo, ringworm and scabies discovered.

(g) **External Eye Diseases.**

There were 42 cases of blepharitis (inflammation of the edges of the eyelid) compared with 22 the year before, and also a slight increase in the number of cases of conjunctivitis, 14 (.37%) in 1923, compared with 10 (.22%) in 1922.

(h) **Vision.**

The eyesight of boys and girls in the first age group is not tested unless in exceptional circumstances.

The following is a summary of the results found during 1923, compared with the two previous years:—

	1923.	1922.	1921.
Total number of children whose vision was examined	2751	3156	3370
Number of children with normal vision both eyes	1143 (41.5%)	1527 (48.3%)	1350 (40%)
Number of children with good vision (not less than 6/9 both eyes)	951 (34.5%)	1012 (32%)	1302 (38.6%)
Number of children with fair vision (not less than 6/12 and without eye-strain)	179 (6.5%)	181 (5.7%)	181 (5.3%)
Number of children whose vision was corrected by glasses ...	152 (5.5%)	148 (4.6%)	198 (5.8%)
Number of children requiring treatment	317 (11.5%)	276 (8.7%)	334 (9.9%)
Number of children whose vision cannot be improved by glasses	9 (.3%)	12 (.3%)	5 (.1%)

From this it is evident that the results found are fairly constant.

(i) **Ear Disease and Hearing.**

83 cases of aural discharge were found at Routine Inspection. In addition, 15 cases of deafness owing to obstruction due to wax in the ears were discovered.

(j) **Dental Defect.**

The School Medical Officers refers to the Dental Officer for treatment all children with four or more decayed teeth or any children who are obviously suffering from lack of attention to the mouth. In this connection 102 children compared with 34 the previous year were dealt with. This does not by any means represent the number of children requiring dental treatment, but only the most urgent ones. For particulars of the routine inspections made by the Dental Officer reference must be made to page

(k) **Crippling Defects.**

No cases of serious heart disease were discovered, but 12 children were kept under special observation on this account. 6 cases of anæmia and 3 of chorea (St. Vitus' Dance) were found during Routine Inspection.

(l) Nutrition.

The following table summarises the findings of medical inspection as regards nutrition:—

		Above Normal.	Normal.	Below Normal.	Markedly Defective.
Entrants—Boys.	Age 5 ...	8	417	18	1
	„ 6 ...	—	62	—	—
	Girls „ 5 ...	6	398	20	2
	„ 6 ...	1	59	3	—
Intermediate—Boys.	Age 8 ...	3	611	66	9
	„ 9 ...	1	32	—	—
	Girls „ 8 ...	13	599	43	8
	„ 9 ...	—	22	2	—
Leavers—Boys.	Age 13 ...	6	647	10	4
	„ 14 ...	1	24	—	—
	Girls „ 13 ...	4	647	7	—
	„ 14 ...	1	27	—	—
Totals ...		44 (1.1%)	3545 (93.7%)	169 (4.4%)	24 (.6%)

There were 24 children found suffering from malnutrition in a more or less marked degree and were followed up as in previous years.

These statistics are an improvement over 1922, when the figures were:—

Above Normal	...	...	...	126 (2.7%)
Normal	...	...	...	4080 (90.2%)
Below Normal	...	...	...	269 (5.9%)
Markedly Defective	...	...	...	44 (.9%)

The average height and weight for each of the Groups (Entrants, Intermediates and Leavers) for the previous ten years was published in the 1919 Report. For 1920 and 1921 the high average of the past few years was maintained.

And although the statistics for 1922 showed a slight decrease both in average height and weight compared with other years, there is again an improvement for 1923.

AVERAGE HEIGHTS AND WEIGHTS.

	Height.		Weight.	
	Boys. ft. ins.	Girls. ft. ins.	Boys. st. lbs. ozs.	Girls. st. lbs. ozs.
Entrants:—				
5 years	3 4.6	3 4.2	2 10 12.2	2 9 8
6 years	3 6.1	3 5	2 13 7.2	2 11 6
Intermediate:—				
8 years	3 10.1	3 9.6	3 6 6.8	3 5 2.4
9 years	3 11.6	3 11.2	3 10 3	3 9 6.3
Leavers:—				
13 years	4 6.4	4 6.4	5 0 13.7	5 1 14
14 years	4 8.3	4 9	5 7 14	5 10 14.7

(m) **Other Defects.**

The other defects found, 23 in all, at the Routine Inspection and mentioned at the foot of Table II., consisted of:—

ROUTINE INSPECTIONS.

Debility	...	...	...	...	1
Hernia	...	...	...	...	1
Scarlet Fever	...	...	...	...	2
Chickenpox	...	...	...	...	2
Sore Throat	...	...	...	...	3
Defective Footgear	...	...	...	...	12
Defective Clothing	...	...	...	...	2
					—
					23
					—

And at the Special Inspections given in the same table they were 9 in number:—

SPECIAL INSPECTIONS.

Sore Throat	...	...	...	...	2
Hoarseness	...	...	...	...	1
Debility	...	...	...	...	2
Polypus in Ear	...	...	...	...	1
Abscess	...	...	...	...	1
Enlarged Thyroid	...	...	...	...	1
Sl. Goitre and Tachycardia	...	...	...	...	1
					—
					9
					—

Exclusions.—All children suffering from contagious disease who may be a danger to the other children, and all cases in which the condition necessitates absence from school are at once excluded by the A.S.M.O. at the time of his inspections. Slight cases are not excluded, but referred for treatment to the Nurses at their bi-weekly visits. The following are the cases excluded during 1923, compared with 138 cases the previous year:—

ELEMENTARY SCHOOLS.					Excluded.	For treatment in School by School Nurse.
Uncleanliness—Head	...	...	...	...	31	110
Body	...	...	...	...	1	57
Ringworm—Head	...	...	...	...	5	3
Body	...	...	...	...	3	2
Scabies	...	...	...	...	2	2
Impetigo	...	...	...	...	5	18
Other Skin Diseases	...	...	...	...	2	21
Blepharitis	...	...	...	...	3	45
Conjunctivitis	...	...	...	...	6	10
Stye	...	...	...	...	2	6
Aural Discharge	...	...	...	...	7	92
Other Ear Diseases	...	...	...	...	—	21
Scarlet Fever	...	...	...	...	2	—
Parotitis	...	...	...	...	5	—
Sore Throat	...	...	...	...	—	—
Chickenpox	...	...	...	...	2	—
Defective Clothing	...	...	...	...	1	1
Defective Footgear	...	...	...	...	—	12
Total					77	400

The foregoing table refers to defects, and the actual number of children affected was:—

Exclusions	...	...	...	...	74
For treatment in school	...	...	...	...	383

Further examination of cases selected at the Inspections in the Schools.

The further examination of certain cases is made at the Inspection Clinic when necessary. These cases consist of children whom it is impossible to examine thoroughly during the Routine examination.

In 1923 there were 485 such examinations made of 431 children. When a defect was discovered it was entered on the schedule card and has been included in the foregoing statistics as though found at the original Routine Inspection.

Other Medical Inspection Work.

In addition to the Routine inspection work and the examinations of children in the schools in the mornings, a large amount of work is done by the School Medical Officer at the Clinic every afternoon.

6.—INFECTIOUS DISEASES.

The measures taken to prevent the spread of infectious disease have been the same as in previous years.

The number of cases of **Notifiable** infectious disease occurring among school children during 1923 is shown in the following table:—

Year.	Scarlet Fever	Diph- theria.	Enteric Fever.	Pulmon- ary Tuber- culosis.	Other Tuber- cular Diseases
1921	196	48	—	16	37
1922	242	14	2	14	29
1923	110	22	2	14	22

There was a decrease in the number of scarlet fever cases and the incidence of this disease was not marked in any particular quarter of the year.

The number of cases of diphtheria notified was slightly in excess of the previous year, but, with this exception, was the lowest for the last fifteen years.

The next table shows the number of cases of **Non-Notifiable** infectious disease, although this does not represent the total number of cases occurring in the town among school children, but only those that came to our notice :—

Year.	Whooping cough cases.	Chicken- pox cases.	Mumps cases.	Sore throat cases.	Measles. cases	German Measles. cases
1921	417	283	175	652	277	8
1922	120	418	681	444	796	—
1923	268	416	371	334	540	5

The epidemic of measles prevalent at the end of 1922 continued until the middle of March.

During the first three months of the year 510 cases were reported and only 30 during the remaining nine months.

In all serious cases of Measles the parents are offered Hospital Treatment or the services of a District Nurse.

School Closure was not resorted to as a preventive measure for any outbreak of infectious disease in 1923 (Article 45(b) and 57 of the Code).

Closure is resorted to only in very exceptional circumstances, because as soon as the schools are closed one of our most valuable sources of information regarding sickness amongst the child population is cut off.

In order to minimise as far as possible the risk of conveying infection to school certain children are referred daily to the Medical Officer of Health. These cases consist of

- convalescents from infectious disease;
- contacts with infectious disease;
- children who are suspected of infectious disease;
- children suffering from sore throats;

and the numbers dealt with in 1923 are shown in the next table:—

CHILDREN EXAMINED BY MEDICAL OFFICER OF HEALTH AS TO
FREEDOM FROM INFECTION.

Disease.	Number of Examinations	Cases Detected.	
		Scarlet fever.	Diphtheria
SCARLET FEVER (Convalescents examined as to their fitness to return to School.)	108	3	—
DIPHTHERIA Ditto.	22	—	—
CONTACTS with cases of Diph- theria examined previous to being allowed to attend School after case removed to Hospital.	59	—	—
SORE THROATS (examined previous to being allowed to attend School).	273	—	2
Totals	462	3	2

Deaths from Infectious Diseases and all other causes among children of school age during the past 8 years are given in the following table:—

Cause of death.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.
Scarlet Fever	—	—	2	—	1	—	1	—
Diphtheria	3	1	3	8	3	—	1	2
Enteric Fever	—	—	—	—	—	—	—	—
Measles	1	5	—	—	1	—	—	1
Whooping Cough	2	—	4	—	—	2	—	—
Diarrhoea	—	—	—	—	—	—	—	—
Tuberculosis of Lungs ...	13	9	4	7	2	5	1	6
Other Tubercular Diseases	—	6	5	6	8	6	2	4
Influenza	—	—	26	11	3	1	1	1
Accidents	—	—	—	—	—	—	5	2
All other causes	39	37	46	26	31	18	20	13
Totals	58	58	90	58	49	32	31	29

The number of deaths among children of school age in the Borough during 1923 was the lowest recorded for the past 10 years.

The following table shows the number of visits paid by the Sanitary Inspectors to the homes of school children in investigating and supervising outbreaks of infectious disease:—

To premises where cases of Scarlet Fever, Enteric Fever or Diphtheria occurred	134
Re-visits to ascertain if contacts with Scarlet Fever, Enteric Fever and Diphtheria were free from infection and fit to return to School	197
Re-visits to cases of Scarlet Fever, Diphtheria or Enteric Fever being treated at home	15
Visits to premises where there were cases of Measles ...	1236
Re-visits to homes where cases of Measles are being treated	819
Visits to homes of children reported by Education Department as being absent from School, owing to either Whooping Cough, Chickenpox, or Mumps	1343
Re-visits to homes of children suffering from either Whooping Cough, Chickenpox, or Mumps	1314
Visits to homes of children absent from School with Sore Throat or Suspicious Rash	334
Visits to homes where there were cases of Influenza or Pneumonia	273
Visits to homes of children suffering from Pulmonary and Non-Pulmonary Tuberculosis	817
Total	6482

BACTERIOLOGICAL EXAMINATIONS.

Examinations made for the detection of Diphtheria:—

Year.	Number of		Positive		Negative	
	Examinations made.		Results.		Results.	
1913	...	200	...	7	...	193
1914	...	197	...	5	...	192
1915	...	123	...	6	...	117
1916	...	195	...	6	...	189
1917	...	191	...	3	...	188
1918	...	110	...	1	...	109
1919	...	96	...	1	...	95
1920	...	329	...	15	...	314
1921	...	186	...	11	...	175
1922	...	177	...	11	...	166
1923	...	92	...	8	...	84

7.—“ FOLLOWING-UP ” OF CHILDREN SUFFERING FROM PHYSICAL DEFECTS AND WORK OF THE SCHOOL NURSES.

The procedure adopted in following up the cases to see that the defects found at Routine and other inspections are dealt with promptly and satisfactorily has been explained in former Reports.

The Tables at the end of the Report show the results obtained, but no record is given of the actual number of re-examinations made in each case by the doctor, or of the number of visits paid by the Nurses and School Attendance Officers in advising parents and in offering facilities for treatment.

Only as a last resort are parents summoned to attend before the School Medical Service Committee for not obtaining satisfactory treatment for the children (see page 37).

Work of the School Nurses.

A very large amount of work has been carried out during the year 1923 in a very thorough manner both in the Clinic and in the Schools by the four Nurses—Miss Mason, Miss Brown, Miss Griffiths, and Miss Ritson.

A large proportion of their work is now carried on in the schools. The Town has been divided into three districts worked by three of the Nurses alternately. Every school is visited twice weekly (viz., on Mondays and Thursdays or Tuesdays and Fridays) and minor ailments of the children treated (see page 23). Wednesday morning is occupied by clerical work in connection with the school dressings. On Wednesday afternoon surprise visits are paid to the schools or visits paid to the homes in connection with treatment. More visits are paid on Saturday mornings to the homes and the clerical work for the week is completed.

The fourth Nurse assists the Medical Officer at the Routine Inspections when required; prepares lotions, dressings, &c., and does the nasal douching in the Clinic in the morning. In the afternoon she attends to the treatment of cases attending the Clinic and assists in the Dental Clinic when necessary.

The Dental Clinic is prepared and cleaned by the Nurse after each treatment session.

Every child suffering from a minor ailment attending school can be seen at least twice a week by the Nurse under this scheme, and cripples and other physically defective children can be watched more closely.

When necessary, cases are excluded from school if there is any risk of contagion or infection.

Thus, in 1923, the Nurses excluded 428 children (121 boys, 307 girls) until certified by the doctor to be fit to return.

In addition, they submitted a list of 234 children for further medical examination on account of the following conditions :—

						Boys.	Girls.	Total.
Enlarged Tonsils	...	...	...	...	...	5	20	25
Adenoids	...	...	...	...	...	2	4	6
Spectacles	Broken	...	...	...	...	23	24	47
„	Lost	...	...	...	...	7	4	11
„	Unsuitable	...	...	...	...	6	12	18
„	Not being worn	...	...	...	...	—	7	7
Vision	...	...	...	...	...	31	18	49
Squint	...	...	...	...	...	33	32	65
Incontinence	...	...	...	...	...	1	—	1
Heart	...	...	...	...	...	—	1	1
Malnutrition	...	...	...	...	...	1	—	1
Mouth Breathing	...	...	...	...	...	2	—	2
Nasal Catarrh	...	...	...	...	...	1	—	1
						112	122	234

Our supervision of outbreaks of infectious disease is facilitated and 13 special visits were paid by the Nurses to the schools in this connection last year, when they discovered the following cases :—

Chickenpox	...	...	...	...	17
Measles	...	...	...	...	6
Mumps	...	...	...	...	24
Scarlet Fever	...	...	...	...	1
Sore Throat	...	...	...	...	8
Rash	...	...	...	...	2
					58

In addition to the work in the School Clinic (see page 21) the following is a summary of the activities of the Nurses during 1923 :—

Visits paid to Schools to treat minor ailments	...	1633
No. of Dressings in School (page 23)	...	37451
Visits to homes of children (in many cases assisting with treatment)	...	1155
Attendances at Routine Medical Inspection in the Schools with the A.S.M.O.	...	139
Notices sent to teachers with reference to excluded children	...	594
“ Surprise Visits ” to Schools (see page 31)	...	336
Administered nasal douches in cases of tonsils and adenoids after operation	...	622
Assisted in the Dental Clinic when necessary.		

8.—TREATMENT OF DEFECTS OF CHILDREN DURING 1923.

In Table VI. at the end of this Report a summary is given showing the number of children who received treatment during 1923 of those found defective at the Routine Inspections.

Out of 931 referred for treatment for the various defects mentioned in Table II. (excluding uncleanness or defective clothing or footgear) 813 or 87.3% received treatment. This percentage is the highest on record and would be still higher, but obviously those who are only discovered to be defective towards the end of the year cannot always be dealt with until the beginning of the next twelve months.

The Local Authority has provided facilities for the treatment of various ailments, and a list of the days and hours of attendance at the various clinics is given on page 2.

Use is made of all existing agencies, and, in addition, a large number of cases are referred for treatment in their own homes. Whenever the circumstances warrant it, cases are induced to obtain treatment from a private medical practitioner.

A.—Minor Ailments.

The cases of minor ailments that attended the School Clinic for examination by the Medical Officer were as follows :—

					Boys.	Girls.	Total
Ringworm (Scalp)	...	...	...	...	51	21	72
Ringworm (Skin)	...	...	...	...	19	10	29
Conjunctivitis	...	...	...	...	73	59	132
Blepharitis	...	...	...	...	7	7	14
Aural Discharge	...	...	...	...	7	9	16
Impetigo (Scalp)	...	...	...	...	29	38	67
Impetigo (Skin)	...	...	...	...	23	38	61
Scabies	...	...	...	...	16	13	29
Pediculosis (Scalp)	...	...	...	...	3	325	328
Pediculosis (Body)	...	...	...	...	1	1	2
Eczema	...	...	...	...	6	8	14
Miscellaneous	...	...	...	...	182	167	349
					417	696	1113

These cases were dealt with as follows :—

					Boys.	Girls.	Total.
Referred to private practitioners	...	...	...	...	49	36	85
„ „ Infirmary	...	...	...	...	99	106	205
„ „ School Clinic (excluded from school)	...	...	...	...	164	157	321
„ „ treatment at home	...	...	...	...	34	328	362
Found fit for school on first attendance	...	...	...	...	71	69	140
					417	696	1113

The cases referred to and treated by private practitioners were :—

					Boys.	Girls.	Total.
Ringworm (Scalp)	...	...	...	...	5	1	6
Ringworm (Skin)	...	...	...	...	—	1	1
Conjunctivitis	...	...	...	...	4	2	6
Blepharitis	...	...	...	...	1	—	1
Aural Discharge	...	...	...	...	—	2	2
Impetigo (Scalp)	...	...	...	...	1	3	4
Impetigo (Skin)	...	...	...	...	3	1	4
Scabies	...	...	...	...	4	2	6
Pediculosis (Head)	...	...	...	...	—	2	2
Eczema	...	...	...	...	—	2	2
Miscellaneous	...	...	...	...	31	20	51
Total ...							85

It is safe to say that the majority of the above cases would not have sought medical advice for these minor ailments unless the necessity for such action had been pointed out by the School Medical Service.

Treatment at the School Clinic.

In the next table will be found a summary of the cases treated in the School Clinic, and included among them are 28 cases (17 boys and 11 girls) who were dealt with out of school hours, as there was no risk to the patient or to other children in allowing them to attend school.

Number of Cases Treated at the Clinic.

Disease.	No. of cases treated in School Clinic	Total No. of attendances.	Average no. of attendances per case.	No. of days under treatment.	Average no. of days under treatment.
Aural Discharge	5	41	8.2	49	9.8
Ringworm Skin	19	106	5.6	139	7.3
„ Scalp	62	2527	40.7	4007	64.6
Conjunctivitis	93	442	4.7	578	6.2
Impetigo Skin	35	177	5.05	231	6.6
„ Scalp	57	546	9.5	678	11.9
Blepharitis, &c.	6	20	3.3	25	4.1
Miscellaneous	44	217	4.9	275	6.2
After-School Cases	28	74	2.6	83	2.9
Total	349	4150			

This figure does not tally with the statistics in the previous table, as it includes cases dressed after school hours as well as children who were excluded from school.

The average number of days required for treatment is similar to that of former years in spite of the fact that the cases dealt with at the Clinic are on the whole more severe than previously—the milder cases all being treated at the Schools.

The marked diminution in the numbers attending the Clinic in recent years owing to the introduction of the system under which our Nurses visit the Schools is shown by the following figures:—

			No. of Children.	No. of Attendances.
1914	...	...	1973	16391
1915	...	...	3721	36531
1916	...	...	3631	36919
1917	...	...	3802	33378
1918	...	...	5124	39991
1919	...	...	5481	32249
1920	...	...	3500	26853
1921	...	...	3011	22203
1922	...	...	560	5029
1923	...	...	349	4150

Not only are the cases cured more rapidly, but there is much less interference with the education of the child owing to irregular attendance, and incidentally there is a large saving of the grant received from the State.

Ringworm of the Scalp.

This is one of the most troublesome to treat of all the Minor Ailments, although since the introduction of facilities for X-ray treatment in the Borough there is certainly a reduction both in the incidence and in the time taken to cure the disease:—

			No. of Cases.	Average No. of days required for treatment.
1923	...	...	62	64.6
1922	...	...	71	68.5
1921	...	...	141	76.7

X-RAY TREATMENT.

No. of cases dealt with ...	...	16 (9 boys, 7 girls)
No. of exposures necessary ...	66	
Total cost of the work ...	£28	

Treatment in the Schools.

The system under which the Nurses carry out this work has been detailed in previous Reports, and is outlined on page 18.

The benefit derived by the children from this closer supervision is marked.

The large amount of work done by the Nurses in 1923 will be seen from the following table:—

NUMBER OF DRESSINGS IN THE SCHOOLS.

	Boys.	Girls.	Totals.
Impetigo scalp	1667	934	
„ skin	11403	9254	
Miscellaneous.....	21	18	
Eczema	2682	1769	
Eyes	2884	2027	
Ears	3234	1558	
	21891	15560	37451

In addition to the above, the nurses kept many cases of slight pediculosis capitis under observation and gave their instructions. In carrying out the work the nurses paid 1,633 visits to the schools apart from “ Surprise Visits ” (page 31).

They excluded 428 children suffering from various contagious or infectious diseases, and the following were referred for further examination to the Medical Officer:—

Adenoids	...	...	...	...	6
Spectacles broken	...	...	...	...	47
„ lost	...	...	...	...	11
„ unsuitable	...	...	...	...	18
Not wearing spectacles	...	...	...	...	7
Defective vision	...	...	...	...	49
Squint	...	...	...	...	65
Incontinence	...	...	...	...	1
Cardiac	...	...	...	...	1
Malnutrition	...	...	...	...	1
Mouth breather	...	...	...	...	2
Nasal catarrh	...	...	...	...	1
Enlarged tonsils	...	...	...	...	25

234

From the following Return, it is evident what a very large saving in School Attendance Grant has been effected through the adoption of the system of Treatment in the Schools.

The total number of attendances lost in 1923 in consequence of contagious diseases was 22,141, but this was 82,312 less than in 1918; in fact, practically only one-fifth of the number then lost.

RETURN showing the number of children affected and the number of school attendances lost in consequence of contagious diseases during the years 1916, 1917, 1918, 1919, 1920, 1921, 1922, and 1923.

	RINGWORM.		IMPETIGO.		CONJUNCTIVITIS.		AURAL DISCHARGE.		UNCLEANLINESS		OTHER AILMENTS		TOTALS.	
	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.	Chil-dren.	Attend-ances.
1916	282	10324	1195	28022	656	17082	134	3411	313	4483	654	17193	3234	80515
1917	293	9751	1356	31707	435	9494	79	1702	275	3434	652	13617	3090	69705
1918	266	10421	1641	39482	1503	30737	121	2171	354	7083	660	14559	4545	104453
1919	271	9847	1711	36296	775	17023	163	2880	479	6495	480	10851	3879	83392
1920	603	21091	1277	26427	471	8904	87	1045	729	6816	754	18672	3921	82955
1921	296	18763	878	15584	423	7527	69	997	662	7069	672	15896	3000	65836
1922	102	5828	258	4880	198	3687	8	157	526	5838	340	10072	1432	30462
1923	104	4490	218	4773	138	2563	8	158	281	2892	225	7265	974	22141

Treatment in the Homes.

The aim of all modern public health work is essentially educational, and should tend to strengthen self-reliance. The question of the possibility of lessening parental or personal responsibility in connection with school medical work is constantly borne in mind, and whenever it is thought that the cases are suitable and the children can receive adequate attention they are referred for treatment in their own homes under the supervision of the nurses.

During 1923 the following cases were dealt with in this manner :—

					Total.	Boys.	Girls.
Pediculosis of the head	...	...	...	...	297	—	297
Scabies	...	...	...	...	19	10	9
Miscellaneous	...	...	...	...	46	24	22
					362	34	328

Amongst the miscellaneous are such cases as ringworm of the body, boils, and herpes.

B.—Treatment of Visual Defects.

Our arrangements (detailed in the 1917 Report) with the Warrington Infirmary for dealing with eye, nose and throat defects were continued during the year. The Local Authority at present pays £200 per year to the Hospital for this work, but an application was received for an increased payment, and this was receiving consideration at the end of the year.

From the table on page 53 it will be seen that 761 children were referred for refraction, of which 249 were cases from the previous year.

Out of these, 521 were satisfactorily dealt with. Of these, 358 were provided with spectacles, 152 were not considered to require glasses, and 11 received other forms of treatment.

213 cases remain under observation and will be dealt with in 1924.

There is here some improvement over the previous year, when only 458 out of 729 were satisfactorily dealt with, and 249 cases were still under observation at the end of 1922.

It is hoped that in any new arrangements entered into with the Infirmary, an extra session will be given each week to refraction cases. I am indebted to Dr. Fox, who carries out this work at the Infirmary, for the following summary of cases dealt with in 1923:—

		Hypermetropic			Myopic	Mixed	
		Hyper- metropia.	Astig- matism.	Myopia.	Astig- matism.	Astig- matism.	Total
Vision improved	...	64	77	31	4	24	200
Vision not improved		22	—	—	—	—	22
Defective Vision not due to errors of refraction	... ..	18	—	—	—	—	18
Normal Vision, or 6/9		15	—	—	—	—	15
Totals	... ..	119	77	31	4	24	255

Coloboma of iris	...	...	...	1
Corneal nebulæ	...	...	...	5
Cataract	...	...	...	2
High myopia	...	...	...	3
Squint	...	...	...	28

Spectacles.

No. of pairs of Spectacles provided by the Local Education Authority in 1923	...	...	...	...	...	...	232
No. of pairs of spectacles repaired	...	...	...	...	...	...	1
Cost of Spectacles—Spherical	...	...	...	...	...	4/-	} per pair
Cylindrical and Compound	...	...	...	...	...	6/-	

The total cost of supplying these is recovered from the parents or guardians.

C.—Treatment of Defects of Nose and Throat.

Altogether, 612 cases (of which 129 were brought forward from the previous year) were referred for treatment of defects of the nose and throat, mainly adenoids and enlarged tonsils. This treatment is not necessarily operative in every instance and only where the child shows signs of deafness, of marked nasal obstruction, or other serious defect is an operation advised.

Of the 612 cases, 452 received satisfactory treatment during the year, and of these 231 underwent operation. At the end of the year 149 cases were still under observation.

Of the cases receiving operative treatment, 15 were dealt with by private practitioners and 216 under the Local Education Authority's scheme.

Our arrangements with the Warrington Infirmary (detailed in 1917 Report) include the operative treatment of cases of enlarged tonsils and adenoids in school children referred by us and considered by the Surgeon to require it.

About 6 cases are referred to the Infirmary each week and the work is carried out by Dr. Binns, to whom I am indebted for the following statistics:—

Defect.	Satisfactory after operation.		Unsatisfactory after operation.		Totals.		Grand Total.	
	Boys. Girls.		Boys. Girls.		Boys. Girls.			
Tonsils	37	50	4	3	41	53		94
Tonsils and Adenoids.	39	54	4	1	43	55		98
Adenoids	16	8	—	—	16	8		24
Totals ...	92	112	8	4	100	116		216

The cases which are unsatisfactory are in children who have the operation done in their late school years.

Two cases had no operation (1) an epileptic (2) operation not necessary.

Two cases operated upon were mental deficient. One case had enlarged glands of the neck. One case had otorrhœa. Two cases had nasal bone obstruction.

Dr. Binns is of opinion that since this systematic surgical treatment of tonsil and adenoid cases was taken in hand there is a lessened incidence of diphtheria, and also a lessened number of children having to have operations performed for enlarged glands of the neck.

The number of cases operated on each year at the Infirmary under our scheme varies, as is shown in the following table:—

			Tonsils.	Adenoids.	Tonsils and Adenoids.	Total.
1923	...	...	94	24	98	216
1922	...	...	123	20	24	167
1921	...	...		Unclassified.		183
1920	...	...	133	45	27	205
1919	...	...	88	62	94	244
1918	...	...	81	80	115	276

After-Treatment of " Tonsil and Adenoid " Cases.

After the operation the child attends from time to time at the School Clinic, where nasal douching is performed in cases requiring it. Altogether 622 such douches were given by the school nurses. As soon as the School Medical Officer thinks it advisable the child returns to the Infirmary to be seen by the operating Surgeon, and if he is satisfied the case is marked off.

A leaflet on breathing exercises for the child is given to the mother and she is informed of the importance of seeing that the child breathes through the nose. In addition, a notice is sent to the School informing the Head Teacher of the fact that the operation has been performed and asking that the child should be corrected for mouth breathing.

D.—Treatment of Dental Defects (see page 54).

The policy adopted for dealing with dental defects amongst school children in Warrington is for the Dental Officer to begin each year inspecting and treating the 6 to 8-year-olds. As soon as this group is finished he passes on to the higher age-periods, 8 to 9, 9 to 10 years, and so on, for the remainder of the year.

Altogether there were 11,946 children examined, compared with 10,782 the previous year:—

1922.	No. Inspected.			
Age periods.	Dates.	Boys.	Girls.	Totals.
5—7	Jan. 17th to Feb. 1st	654	751	1405
	Feb. 26th to Mar. 16th	861	810	1671
8—10	Jan. 17th to Feb. 1st	216	201	417
	Feb. 26th to Mar. 16th	159	150	309
	April 19th to May 4th	688	437	1125
	June 5th to June 21st	754	504	1258
	Aug. 23rd to Aug. 30th	350	348	698
11—14	Jan. 17th to Feb. 1st			14
	Oct. 15th to Oct. 26th	757	655	1412
	Nov. 7th to Nov. 23rd	869	744	1613
	Dec. 3rd to Dec. 17th	517	668	1185
Specials		429	410	839
				11,946

On an average the Dentist inspects about 70 children per session in the schools and treats about 12 per session at the Clinic.

In addition, all cases found by the Medical Officer at his Routine Inspections to require treatment are referred to the Dentist.

Statistics showing the conditions found and the treatment undertaken, both for children attending the Public Elementary Schools and the Secondary School, will be found in the tables on page 54.

Out of 9,024 children referred for treatment, 3,648 were presented for treatment, viz., 40.4%.

The percentage treated out of those requiring it for the past three years is as follows:—

1923	...	...	...	...	...	40.4%
1922	...	...	...	...	...	54.3%
1921	...	...	...	...	...	52.7%

The falling off in the numbers presented for treatment is undoubtedly due to the attempt to recover payment from parents in certain cases.

Section 81 (1) of the Education Act, 1921, imposes an obligation on Local Education Authorities to obtain such payment from parents when possible.

During 1923 the Board of Education again requested us to formulate a scheme under which parents should contribute to the cost of treatment.

This necessitated the adoption of a scale of income, and parents were asked to sign a form indicating the amount of wages they received.

Our experience of this in the past is published in the School Report for 1913, where the disadvantages of attempting to collect fees were pointed out.

However, the system was re-introduced, and the following figures kindly supplied by Mr. Murray, Director of Education, show how adversely the work was affected.

For the purpose of comparison it was not possible to take the period from 15th October to the end of December in 1923 against the same period in 1922, as in 1922 there were not as many inspections of children of the same age period.

In order to get comparable figures, the period 27th September, 1922, to 16th January, 1923, has been compared with 15th October, 1923, to 19th December, 1923.

The following are the figures :—

	New System. 15/10/23 to 19/12/23.	Old System. 27/9/22 to 16/1/23.
Session devoted to inspection ...	59	52
Children examined ...	4314	3495
Children requiring treatment ...	2886	2592
Children treated ...	22	89
Sessions devoted to treatment ...	239	1121

From September, 1923, to December, 1923, 4,314 forms were sent to the parents notifying them of the inspection and, if they desired free treatment, asking for information. 1,698 of these were not returned, leaving 2,616 to be accounted for as follows :—

Not filled in ...	1162
Incompletely filled ...	447
Not desiring free treatment ...	349
Completed Forms :—	
(a) eligible for treatment :	
(i) Requiring treatment ...	404
(ii) Not requiring treatment ...	147
(b) not eligible for treatment :	
(i) Requiring treatment ...	83
(ii) Not requiring treatment ...	24

The effect of the new system has been to reduce the percentage of the number of children treated to the number of children examined from 32% to 5½%.

The School Medical Service Sub-Committee, in view of these facts, again decided to make further representations to the Board of Education with a view to a modification of the procedure.

The following is the Report on the work by the School Dentist (Mr. Hutchison) :—

TO THE EDUCATION COMMITTEE OF THE COUNTY BOROUGH
OF WARRINGTON.

Gentlemen,

I beg to submit my Annual Report on Dental Inspection and Treatment for the year 1923.

The number of children inspected by me during the past year was 11,946, somewhat more than the previous year (10,782). Of those children, 2,922 (24.4%) were passed as having sound dentition, and 9,024 (75.6%) were found to have defective and carious teeth.

The number of parents who desired to take advantage of free treatment for their children at the Clinic was 4,717 (51.6%); and the number who declined treatment was 4,307 (48.4%).

I may here mention that many of the children who have received treatment in past years, on re-examination showed little or nothing wrong with the teeth. Special efforts at all times are made to impress on parents and children the importance of regularly brushing the teeth.

The plan at first adopted has undergone no change during the past year, viz.: Routine inspection of children between 5—7 years old every year, then 8—10 and 11—14, so that all may receive attention during their school life.

REGULATION OF TEETH.

A number of children during the past year have been treated for overcrowding and irregularity. After attention by extraction of temporary, and in several cases of permanent teeth, a marked improvement resulted without the need for wearing a denture.

SECONDARY SCHOOL.

During the past year I have visited and inspected the pupils attending this School, and I am glad to record a fairly satisfactory condition and progress with regard to dental hygiene.

Out of 325 examined, I referred for treatment 175, and a good number of these required very little doing; others showed that treatment at the Clinic while attending the Council Schools had been successful.

Some of the parents who were present at the inspections expressed to me their desire to again bring their children to the Clinic. I recommended that they should consult their private dental surgeon, and to this they agreed.

I am, Gentlemen,

Your obedient servant,

W. HUTCHISON

Surgeon Dentist.

E.—Treatment of Uncleanliness.

The percentage of children suffering from uncleanly or verminous conditions in our schools has never been as low as it is at present. This is all the more noteworthy, not only on account of the amount of overcrowding we have owing to the housing shortage, but also to the fact that the standard adopted in our inspections is higher than ever.

The improvement of recent years is largely due:—

- (a) to the work of the school nurses at the ordinary bi-weekly visits and at the “ Surprise ” visits;
- (b) the co-operation of the teachers.

The following are the particulars of the “ Surprise ” visits:—

	1922	1923
Number of Schools in the Borough	23	23
Average number of visits per annum paid by Nurses to each School	15	14
Total number of examinations made by School Nurses of children	34624	42806
Number of children found unclean (2176) excluded	131	95
Number found suffering from minor ailments (553) excluded	39	25

The number of cases that had to be excluded for dirty heads was only 95, compared with 131 the previous year and 560 in 1921.

A large number of children however (1,918 compared with 2,176 in 1922) were referred for special supervision by the school nurses for slight uncleanness, but were not excluded from school.

When a case is excluded, a copy of the special instructions for cleansing the head (printed in the 1919 Report) is given in a sealed envelope for the child to take home to the parents or guardians.

The homes of children excluded for uncleanness of the head or body or for defective and dirty clothing are visited by the Nurses, and the mother advised re treatment of the condition. Necessitous cases are referred to the Guardians or the Guild of Help. Most conditions of uncleanness or defective clothing are remedied within a day or two.

If the child is not certified "fit" within 7 days the parents are summoned before the School Attendance Committee. This Committee warns and advises the parents and usually orders the case to be prosecuted for non-attendance at school if a further period of seven days elapses before the child is fit to be re-admitted into school.

Legal Proceedings are taken when necessary under the School Attendance Byelaws.

It is noteworthy that not a single prosecution was found necessary in 1923:—

	1923	1922	1921	1920
No. of cases of Ped. Cap. summoned before the Committee	27	81	98	86
No. of cases prosecuted	nil	7	4	7
No. of convictions obtained	—	5	3	7

F.—Treatment of all Other Defects.

The other defects found at routine inspections to require treatment are given in Table IV. on page 55.

This table also includes cases brought forward from 1922, but cases of infectious disease and tuberculosis are not given, as these diseases are referred to the Health Department immediately they are discovered.

Out of 197 cases mentioned in the Table, 135 were treated satisfactorily during the year and 56 remain under observation.

It will be observed that bronchitis (102 cases) makes up a large proportion of the total, together with malnutrition (64).

In the first instance we advise these cases to receive treatment from their own doctor.

If the parents cannot afford this we assist them in obtaining a recommendation for attendance at the local Infirmary, or, if necessary, from the Poor Law doctors.

In a few cases, where the parents were unable to bear the expense and the child had to be taken to special Institutions in Liverpool or Manchester, they were assisted by the Guild of Help.

All cases are ultimately re-examined by the School Medical Officer and only marked off the "follow-up" list when he is satisfied that no further beneficial results can result from treatment.

Malnutrition cases are kept in a special register and frequently re-examined, whilst all children suffering from or suspected to be suffering from **Tuberculosis** are referred to and kept under observation by the Medical Officer of Health.

During 1923 the following cases were examined at the Health Office, where a record was kept of their weight and the physical signs entered on a special chart:—

	No. of Cases.	No. of Examinations.
Tuberculosis of Lungs	62	302
Suspected Tuberculosis of Lungs	85	205
Tuberculosis of Glands	28	89
,, ,, Spine	1	3
,, ,, Hip	7	9
,, ,, Peritoneum	9	41
,, ,, Knee	1	1
Suspected of non Pal cases	13	43
	<hr/> 206	<hr/> 693

Selected cases receive treatment at our Sanatorium at Weaverham, and during 1923 18 children of school age were dealt with there.

Ten deaths from tuberculosis occurred during the year among children (lungs 6, peritoneum 2, meningitis 1, spine 1).

9.—OPEN-AIR EDUCATION.

There can be no doubt as to the good results achieved from the education of tubercular and weakly children on strictly open-air principles, and if fresh air proves of such benefit to the ailing it must surely be of value to the healthy.

The ailing children who would chiefly attend a special school would be those suffering from anæmia, general debility, quiescent pulmonary tuberculosis, other non-infectious tubercular conditions (e.g., glands, abdomen, etc.), bronchitis and asthma, St. Vitus' Dance, malnutrition, infantile paralysis, heart diseases and convalescents from pneumonia.

List of Physically Defective Children.

NOT ATTENDING SCHOOL.

							Boys.	Girls.
Tuberculosis	...	...	...	...	...	...	6	5
Eye Diseases	...	...	...	...	...	...	2	4
Debility fol. Diphtheria.				Par. of Soft Palate			1	—
V.D.H.	...	...	...	...	...	...	4	5
Cardiac Debility	...	...	...	...	...	...	1	—
Chorea	...	...	...	...	...	...	2	9
Anæmia and Debility	...	...	...	...	...	...	4	3
Bronchitis	...	...	...	...	...	...	1	2
Delicate	...	...	...	...	...	...	—	1
							—	—
							21	29
							—	—

ATTENDING SCHOOL.

							Boys.	Girls.
Dropsy and Cardiac	...	...	...	...	...	...	—	1
V.D.H.	...	...	...	...	...	...	15	15
Chorea	...	...	...	...	...	...	6	10
Tuberculosis	...	...	...	...	...	...	68	38
Bronchitis (including susp. Tub.)	...	...	...	...	...	...	5	4
Empyema (old)	...	...	...	...	...	...	—	1
Adenitis	...	...	...	...	...	...	—	2
Debility	...	...	...	...	...	...	4	3
Endocarditis	...	...	...	...	...	...	1	1
Anæmia	...	...	...	...	...	...	1	1
							—	—
							100	76
							—	—

It is very desirable that more provision for open-air education should be made, and it is to be hoped that this will be taken into consideration in planning all the new schools.

There is at present for elementary school children in Warrington no open-air day or residential school, neither are there any open-air classrooms in connection with the ordinary schools.

So far as possible the teachers make use of the playgrounds and sheds as much as they can in the summer time in fine weather. In addition, there are the casual visits to the parks for Nature lessons.

10.—PHYSICAL TRAINING.

No Area Organiser has been appointed, and usually each teacher is responsible for his or her own class.

As far as possible every school child undergoes physical training for a period of twenty minutes each day. The syllabus is based on the Syllabus of Physical Training for Schools issued by the Board of Education in 1919. The Town Hall, Parks and Baths Committee have recently given permission for the use of Bank Park for organised games during school hours.

A number of Teachers have attended Summer Schools for Physical Training and thus become acquainted with the most recent methods of teaching the subject.

In a Senior Lesson the time is generally allotted as follows :—

PART I. (10 minutes) :

1. Introductory. Running and breathing exercises.
2. Trunk and head movements.
3. Arm and shoulder-blade exercises.
4. Leg and balance exercises.
5. Lateral movements.

PART II. (10 minutes) :

6. General activity. Marching, running, jumping, games, country dancing, etc.
7. Breathing exercises.

As a rule one lesson in the week is of 30 minutes' duration, this period being utilised for games, country dancing, swimming and life-saving practice or playground sports.

In addition to the physical education in school hours, the teachers have organised competitions in Football (Association and Rugby), Netball, Rounders, Hockey, and Swimming which take place outside of school hours and are participated in by all the schools.

11.—PROVISION OF MEALS.

It has not been found necessary during recent years to exercise our powers under the Provision of Meals Acts, 1906-14.

The last time that meals were provided for school children was in the year 1914.

The School Medical Officer approved of the suitability of the dietary and the general arrangements made, and in many instances selected the children.

12.—SCHOOL BATHS.

Baths have been installed in three of the schools in the town—at Bolton Council School, at Evelyn Street Council School, and at Oakwood Avenue School.

Full use was made during 1923 of the facilities afforded, and great benefit would undoubtedly accrue to the children in other areas if bathing accommodation was provided.

	Boys.	Girls.	Infants.	Total.
Bolton Council School	200	150	32	382 (every week).
Evelyn Street Council School ...	320	300	192	812 (every week).
Oakwood Av. Council School ...	230	90	30	350 (every week).
	750	540	254	1544 (every week).

All children in attendance in those classes in which the average age of the scholars is between 11 and 11½ years attend the public swimming baths during school hours.

These children attend twice each week for a period of about eight weeks, but no child is allowed to attend who is suffering from any physical defect which would result in exposure of either himself or other children to undue risks.

During a full normal season about 950 boys and 600 girls receive instruction.

13.—CO-OPERATION OF PARENTS.

In 1,018 instances (26.9%) out of the 3,782 examinations at routine medical inspections, one or both of the parents were present.

These attendances vary greatly according to sex and age of the child being examined.

Ages.	Parents present.	
	Girls.	Boys.
13	11.5%	5.09%
14	17.8%	0.00%
8	31.9%	22.6%
9	25%	3.03%
5	50.9%	54.9%
6	52.3%	54.8%

In the majority of cases the parents act at once on the advice offered and co-operate willingly in obtaining adequate attention for their children.

It is noteworthy that during 1923, 5,427 cases of defects and minor ailments received satisfactory treatment, and only in 3 instances was it necessary to take the cases before the School Medical Service Committee in order to obtain the desired result.

Committee Cases and Prosecutions.

Only as a last resort are parents summoned to appear before the School Medical Service Sub-Committee. During 1923 this was found necessary for the following cases, compared with 17 the preceding year: —

Failure to complete payments for Spectacles ...	2
Enlarged Tonsils	1
	<hr/>
	3
	<hr/>

In none of these cases however was it found necessary to prosecute, as the parents consented to do what was required after interviewing the Committee.

The steps taken for dealing with uncleanness are given on page 31.

14.—CO-OPERATION OF TEACHERS.

The success of the work of the School Medical Service is due in large measure to the help given by the Teachers who co-operate, almost without exception, both willingly and usefully at medical inspections and in the treatment and after-care of the children.

This is more than ever evident at the present time when so much treatment is being carried out in the schools by the Nurses, for without the ready assistance of the Teachers this would not have proved the success that it has.

In addition, however, apart from the valuable hygienic teaching constantly taking place in the schools, the teachers have proved of great service at other times to the Local Health Authority in furthering health propaganda work.

On the occasion of any special outbreak of infectious disease they are supplied, through the Director of Education, with leaflets dealing with the matter, and after specially informing the pupils of the essential details, they see that each scholar is supplied with a leaflet to take home to the parents.

Similarly, just before the summer vacation each year, a special lesson is given to the children on the "Fly Nuisance," and a special leaflet is distributed.

Last year during Health Week a special talk on a hygienic subject was given in every class in the schools daily for the week, and a special memorandum of notes on subjects was drawn up and furnished to the teachers by the Medical Officer of Health.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

I have alluded in previous years to the useful services of the School Attendance Officers and need only repeat that they have again rendered every assistance possible to our Department.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The branches of voluntary organisations in the town such as the Guild of Social Service, National Society for the Prevention of Cruelty to Children, and the Warrington and District Society for the Blind, work in close co-operation with the School Medical Department, and advantage is taken of their services in all cases in which their help is likely to be effective.

The Local Education Authority appoints a representative on the Executive of the West Lancashire Association for the Care of the Mentally Defective, to which body an annual subscription of two guineas is made. This organisation undertakes the visiting and after-care of mentally defective persons in their homes, and quite recently has opened an Occupation Centre for them in the town. (See page 40.)

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Arrangements are made for a special examination by the School Medical Officer at the earliest possible date of any child suspected of being defective in any way.

There are as yet no special schools in the Borough, but all the blind or deaf children found suitable are admitted to institutions in neighbouring districts.

Under the Local Authority's scheme for the welfare of the blind in the Borough the responsibility for education and training falls upon the Education Authority as heretofore. The latter body have also agreed to make provision for cases up to the age of 21, and in special cases over 21 years of age.

Our method of supervising the various defective children in the area has been described in detail in previous Reports. Registers are kept of all mentally and physically defective children in the town in attendance at school or unable to attend school as the case may be, and the children are re-examined several times during the year by the School Medical Officer.

A summary of the exceptional children in the area is given in Table III., page 50, and a further table on page 34, under the heading "Open Air School."

Mental Deficiency Act, 1913.

The following cases were notified as non-educable to the Local Control Authority (in the case of Warrington—the Lancashire Asylums Board) by the Local Education Authority during 1923:—

IMBECILES.		
Boys.	Girls.	Total.
2	1	3
IDIOTS.		
1	—	1
		<hr/>
		4
		<hr/>

The following feeble-minded children have been certified as suitable for education in a special school:—

FEEBLE-MINDED—			
	Boys.	Girls.	Total.
Attending certified schools for mentally defectives...	0	0	0
Attending public elementary schools	9	10	19
Not attending public elementary schools	6	4	10
	<hr/>	<hr/>	<hr/>
	15	14	29
	<hr/>	<hr/>	<hr/>

There are in addition certain epileptic children, some of whom would benefit by education in a special school:—

EPILEPTICS—			
	Boys.	Girls.	Total.
Attending public elementary schools	8	5	13
Not attending public elementary schools	6	14	20
In institutions other than certified schools	3	—	3
Attending certified schools	0	0	0
	<hr/>	<hr/>	<hr/>
	17	19	36
	<hr/>	<hr/>	<hr/>

Up to quite recently nothing could be done for the feeble-minded children in the town except general supervision in their homes, but an **Occupation Centre** for mentally-defective children and adolescents has now been opened in Warrington, and I am indebted to Miss F. Andrews, the Secretary of the West Lancashire Association for Mental Welfare, for the account of it that follows.

By kind permission of the Wesleyan Methodist Body, the Class meets weekly on two afternoons at Friars' Green Schools, in Cairo Street; but it is hoped to increase this to a daily session at no very distant date.

The object of such Centres is to provide simple training and occupation for those mental defectives for whom no other form of education is available—that is, for children of a low grade of mentality, imbeciles—(miscalled “ineducable”), who could not be admitted to a special school (even if one existed in Warrington), and who accordingly get no training of any kind.

The Centre, however, should the Education Committee agree to this course, can also admit a few children who are only feeble-minded; while older defectives (over 16), who are yet so childish and undeveloped that they can safely be mixed with the others, can also be sent.

The arrangements for running the Warrington Centre are made by the West Lancashire Association for Mental Welfare, and it is one of five similar Centres for which that body receives grants from the Lancashire Asylum's Board (Mental Deficiency Act Committee) and from the Board of Control. The grant received is not sufficient to pay the running expenses of the Centres formed, and the Association is expected to raise, in addition, local voluntary funds for each Centre that is opened.

With the exception of the **Feeble-minded children** of school age, mentioned above, it will be seen that the mental defectives who are admitted to Occupation Centres are those for whom the Mental Deficiency Act Committee is responsible, and it will be readily understood how valuable a means is hereby provided for increasing the efficiency of the Statutory Supervision of those living at home, and for whom Institutional care is not yet necessary.

The Centre has opened with seven children enrolled, all of whom are notified imbeciles.

At various times the Authority has taken into consideration the question of the establishment of special schools, both for the physically and the mentally defective children in the town.

There can be no doubt of the benefit that would accrue to the children affected.

It is, however, a difficult question to decide, especially in view of the fact that the cost of a day special school averages about £30 per child, and a residential special school about £90 per child, compared with about £12 per head for a Public Elementary School.

Sir George Newman, in his last Report, suggests that Local Authorities might consider the possibility of devising a simpler and cheaper form of special school or class for mental defectives than those now established.

18.—NURSERY SCHOOLS.

There are no nursery schools in the area.

19.—SECONDARY SCHOOL.

All the children attending the Secondary School are medically examined once each year. In addition the School Doctor visits once each term to re-examine certain children and to see any special cases.

The Board's schedule card is used in every instance and the examination made is a thorough one.

During 1923 there were examined at the Secondary School (see Table I.) :—

Boys	...	...	...	...	148
Girls	...	...	...	...	177
					<hr/> 325 <hr/>

As regards the nutrition of the 325 children, the classification was as follows :—

			Above normal.	Normal.	Below normal.	Markedly defective.
Girls	...	...	3	135	10	—
Boys	...	...	28	146	3	—
			<hr/> 31	<hr/> 281	<hr/> 13	<hr/> —
			9.5%	86.4%	4%	—

Comparable figures for public elementary school children are given on page

The defects found requiring treatment were:—

Defective vision	...	...	...	...	11
Enlarged tonsils	...	...	...	...	4
Other defects	...	...	...	...	5
					<hr/>
					20
					<hr/>

In addition, the following cases were kept under special observation, though not requiring treatment at the time:—

Defective vision	...	...	...	...	2
Heart Disease—Functional	...	...	...	...	3
Non-pulmonary Tuberculosis	...	...	...	...	1
Spinal Curvature	...	...	...	...	1
Other Defects and Diseases	...	...	...	...	2
					<hr/>
					9

The results of the examination of the vision of the children is given in the following table, and on comparing them with the table on page 11, it is obvious that there are fewer defects among the children attending the Secondary School than the Elementary Schools:—

	1923.	1922.
Total number of children whose vision was examined ...	325	311
Number of children with normal vision, both eyes ...	220	223
	67.6%	71.7%
Number of children with good vision (not less than 6/9 both eyes) ...	37	28
	11.3%	9%
Number of children with fair vision (not less than 6/12 and without eye-strain) ...	8	8
	2.4%	2.5%
Number of children whose vision was corrected by glasses	47	40
	14.4%	12.8%
Number of children requiring treatment...	13	11
	4%	3.5%
Number of children whose vision cannot be improved by glasses ...	0	1
		.3%

It will be noted that the statistics are fairly constant each year.

Further Examinations.

The following were referred for special examination following the routine inspection:—

Boys	...	...	...	8
Girls	...	...	...	8
				<hr/>
				16

Re-examinations.

In following up the results of treatment certain children were re-examined:—

Boys	...	...	...	14
Girls	...	...	...	16
				<hr/>
				30

Records of the cases treated are given in the tables at the end of the Report and the result of dental inspection and treatment on page 54.

20.—CONTINUATION SCHOOLS.

When established it is proposed to extend our present system of medical and dental inspection and treatment to the Continuation Schools.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Remarks on this important subject have been given in previous Reports, notably those for 1920 and 1921.

The following tables show the number of children dealt with under the byelaws:—

Employment of Children Bye-Laws.

Number of Employment Cards in use 1/1/23	...	...	...	148
Number issued during the year	...	...	...	128
Number withdrawn during the year	...	...	...	133
Number of Employment Cards in use 31/12/23	...	...	...	143
Number of cases of Contravention of Bye-Laws	...	...	...	117
Prosecutions (fined 5/-)	...	...	...	1
Warned by letter	...	...	...	107
Warned verbally	...	...	...	9
Medically examined	...	...	...	3
(2 fit, 1 not fit—cardiac)				

Street Trading Bye-Laws.

Number of Licences in use, 1/1/23	...	...	...	36
Number issued during the year	...	...	...	35
Number withdrawn during the year	...	...	...	44
Number of Licences in use, 31/12/23	...	...	...	27
Number of cases of Contravention of Bye-Laws	...	...	...	98
Prosecutions (fined 5/-)	...	...	...	1
Appeared before S.M.S. Committee	...	...	...	3
(Prosecuted 1, warned 2)				
Warned by letter	...	...	...	16
Warned verbally	...	...	...	79
Medically examined (certified fit)	...	...	...	2

In both instances the numbers of cases of contravention of the bye-laws discovered by the Officer show a diminution :

Employment of Children Bye-Laws ...	From 163 to 117
and	
Street Trading	From 114 to 98

22.—SPECIAL INQUIRIES.

1.—A comparison of the defects found amongst entrants who attended the Infant Consultation Centres and those who did not.

It is somewhat early to expect to show definite results in the physical condition of entrants as the result of the work of our Consultation Centres.

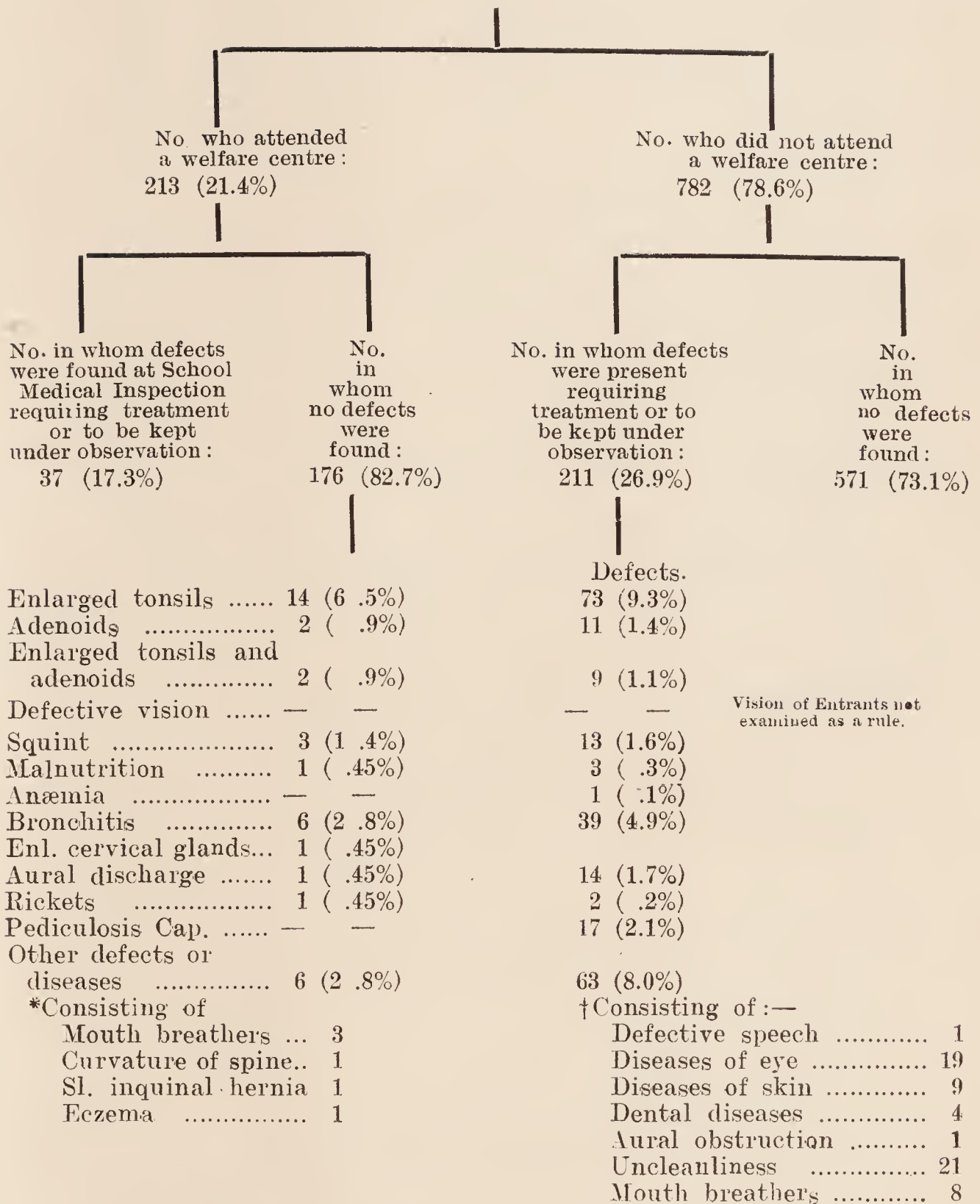
The number of children attending these Centres is increasing every year, and whereas in 1922 only 166 or 12.6% of the 1,309 entrants had done so, there were 213 or 21.4% out of the 995 entrants in 1923 who had attended.

One would expect that children who had been under medical supervision from birth would show fewer defects than those who first came under the doctor's observation on commencing school life, and this is found to be the case from the following table. At the same time, it must be borne in mind that in all probability a large proportion of children who attended the Centres would be taken there in the first instance by the parents because some defect or ailment was suspected. The fact, therefore, that only 17.3% of such children were found with defects at their first school medical inspection, compared with 26.9% of those who had not attended, seems to show that these Centres are performing a valuable work quite apart from their useful educational purpose.

1923.

No. of entrants examined :

995



Amongst other things it is noteworthy that there was not a single instance of pediculosis or uncleanliness amongst children who had attended our Welfare Centres, whereas more than 2% of the other children were found to suffer from this defect.

The proportion of entrants who previously attend our Consultation Centres varies according to the school, and the best districts have the most attenders:—

School.	No. of entrants examined at		No. who attended a M. & C.W. Centre.		Percentage.
	Routine	M.I.			
Arpley (or Trinity).....	33	...	5	=	15.1%
Sacred Heart	18	...	2	=	11.1%
Thewlis Street	44	...	9	=	20.3%
St. Barnabas'	29	...	7	=	24.1%
Evelyn Street	70	...	20	=	28.5%
Wycliffe	34	...	9	=	26.4%
Heathside	54	...	8	=	14.9%
St. Alban's	28	...	10	=	35.7%
St. James'	52	...	7	=	13.4%
Fairfield	51	...	11	=	21.5%
Parochial	98	...	23	=	23.4%
Oakwood Avenue	50	...	15	=	30.0%
Beamont	95	...	23	=	24.2%
Hamilton Street	41	...	12	=	29.2%
Latchford R.C.	16	...	1	=	6.2%
St. Benedict's	48	...	10	=	20.8%
St. Ann's	45	...	5	=	11.1%
Silver Street	39	...	10	=	25.1%
St. Peter's	35	...	10	=	28.5%
St. Mary's	65	...	4	=	6.6%
Bolton Council	50	...	12	=	24.0%

2.—Incidents of Rickets amongst the entrants.

During 1923 Dr. Paulusz specially inquired into the ætiology and incidence of Rickets amongst the children medically inspected for the first time in our schools during the year.

The following summarises his findings:—

RICKETS.

Number of children (entrants) examined	995
Number in whom signs of rickets were present	30 (3.01%)
marked	12 (1.2%)
slight	18 (1.8%)
Number of the affected children who attended a M. and C.W. Centre	3 (10%)
Number of the affected children who did not attend a M. and C.W. Centre	27 (90%)
Number of the affected children who had other members of family affected	4 (13.3%)
Number of the affected children who belonged to poverty-stricken families	23 (76.6%)
Number of cases attributable to improper feeding ...	10 (33.3%)
Number of cases attributable to unhygienic environ- ment	17 (56.6%)
Number of cases attributable to congenital causes (delicate and ill-nourished mothers)	3 (10%)
Number of cases attributable to combination of above causes	7 (23.3%)
Number of boys examined	506
Number of boys showing signs of rickets	19 (3.7%)
marked	7 (1.3%)
slight	12 (2.3%)
Number of girls examined	489
Number of girls showing signs of rickets	11 (2.2%)
marked	5 (1.02%)
slight	6 (1.2%)

PRIMARY.

Conditions found:—		Boys.		Girls.	
Pigeon chest	4	...	4 (21%)	...	—
Knock-knee	6	...	3 (15.7%)	...	3 (27.2%)
Bow-legs	5	...	4 (21%)	...	1 (9%)
Prominent brow	7	...	5 (26.3%)	...	2 (18.1%)
Square head	7	...	3 (15.7%)	...	4 (36.2%)
Generally undersized & delicate	1	...	—	...	1 (9%)

SECONDARY.

Other conditions found amongst the above were:—

Beaded ribs	3	...	3 (15.7%)	...	—
Enlargement of ends of radius and ulna	1	...	—	...	1 (9%)
Rackitic teeth	8	...	5 (26.3%)	...	3 (27.2%)

23.—MISCELLANEOUS.**Examination of Bursars, Student and Pupil Teachers.**

During 1923, 16 Candidates for Student Teacherships were medically examined and found fit by the School Medical Officer.

Examination of Children Before Entry to Special Schools.

Girls	...	...	..	1
Boys	...	...	...	2
				—
Total	...	...	...	3
				—

Number of Children Examined Before Summer Camp.

The total children examined by the A.S.M.O. as to fitness to attend the Summer Camp in 1923 was 399.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1923
TO 31ST DECEMBER, 1923.

A.—ROUTINE MEDICAL INSPECTION.*

Age.	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys			444	62	—	506
Girls		—	426	63	—	489
Totals		—	870	125	—	995

Age.	Intermediate Group.			Leavers.			Other Ages. *	Total.	Grand Total.
	8	9	10	12	13	14			
Boys	689	33	—	—	667	25	148	1562	2068
Girls	663	24	—	—	658	28	177	1550	2039
Totals	1352	57	—	—	1325	53	325	3112	4107

*Secondary School.

B.—SPECIAL INSPECTIONS.

	Special Cases.†		Re-Examinations (i.e. No. of Children Re-examined)	
	Public Elementary.	Secondary.	Public Elementary.	Secondary.
Boys.....	978	8	1106	22
Girls.....	1304	30	1101	24
Totals	2282	38	2207	46

C.—TOTAL NUMBER OF *Individual Children* INSPECTED
WHETHER AS ROUTINE OR SPECIAL CASES (*no Child being counted
more than once in one Year*).

No. of Individual Children inspected.

Public Elementary.	Secondary.
5855	325

* *Routine Medical Inspection* is medical inspection carried out on the lines of the approved Schedule at the time when routine medical inspection is due and made on the school premises.

† “*Special Cases*” are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the school or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1923.

This table is, except as regards the final line, a record of *defects* and not of individual children who are defective. For the sake of convenience cases of defect of Nose and Throat are included in one only of the sub-headings. (See also Table IVd.)

Defect or Disease		Elementary Schools				Secondary School			
		Routine Inspections		Specials.		Routine Inspections		Specials.	
		for Number referred Treatment.	to be kept under observa- tion, but not referred for Treatment.	for Number referred Treatment.	to be kept under observa- tion, but not referred for Treatment.	for Number referred Treatment.	to be kept under observa- tion, but not referred for Treatment.	for Number referred Treatment.	to be kept under observa- tion, but not referred for Treatment.
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Malnutrition.....	15	—	—	1	—	—	—	—
	Uncleanliness :								
	Head.....	137	—	4	—	—	—	—	—
	Body.....	54	—	4	—	—	—	—	—
Skin	Ringworm :								
	Head.....	3	—	5	—	—	—	—	—
	Body.....	3	—	2	—	—	—	—	—
	Scabies.....	4	—	—	—	—	—	—	—
	Impetigo.....	21	—	2	—	—	—	—	—
	Other diseases (non Tubercular)	21	—	2	—	—	—	—	—
Eye	Blepharitis.....	42	—	6	—	—	—	—	—
	Conjunctivitis.....	14	—	2	—	—	—	—	—
	Keratitis.....	—	—	—	—	—	—	—	—
	Corneal Ulcer.....	—	—	—	—	—	—	—	—
	Corneal Opacities....	—	1	2	2	—	—	—	—
	Defective Vision.....	278	20	148	8	11	2	3	—
	Squint.....	21	5	63	16	—	—	1	—
Ear	Other Conditions...	7	—	1	2	—	—	—	—
	Defective Hearing..	—	3	1	5	—	—	—	—
	Otitis Media.....	83	—	16	2	—	—	—	—
Nose and Throat	Other Ear Diseases	15	—	6	—	—	—	—	—
	Enlarged Tonsils...	210	68	70	1	4	—	1	—
	Adenoids.....	101	19	33	—	—	—	—	—
	Enlarged Tonsils and Adenoids	40	11	17	1	—	—	1	—
Enlarged Cervical Glands Non-Tubercular	Other Conditions...	10	21	2	10	—	—	—	—
		—	3	—	—	—	—	—	—

(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Defective Speech.....		—	6	—	5	—	—	—	—
Teeth—Dental Diseases.....		102	—	—	—	—	—	—	—
Heart and Circulation.	Heart Disease:								
	Organic.....	—	5	—	—	—	—	—	—
	Functional.....	—	7	—	1	—	3	—	—
Lungs	Anæmia.....	5	1	1	—	—	—	—	—
	Bronchitis.....	56	10	—	2	—	—	—	—
	Other Non-Tubercular Diseases	—	4	—	—	—	—	—	—
Tuber- culosis	Pulmonary:								
	Definite.....	—	—	—	—	—	—	—	—
	Suspected.....	7	—	1	—	—	—	—	—
	Non-Pulmonary:								
	Glands.....	1	3	2	1	—	1	—	—
	Spine.....	—	—	—	—	—	—	—	—
	Hip.....	—	—	—	—	—	—	—	—
	Other Bones and Joints ...	—	—	—	—	—	—	—	—
	Skin.....	—	—	—	—	—	—	—	—
Nervous System	Other Forms....	—	—	1	—	—	—	—	—
	Epilepsy.....	—	—	—	2	—	—	—	—
	Chorea.....	—	3	—	3	—	1	—	—
Deform- ities	Other Conditions....	—	1	—	1	—	1	—	—
	Rickets.....	1	3	1	—	—	—	—	—
	Spinal Curvature....	—	5	—	—	—	1	—	—
Other Defects and Diseases.....		—	6	2	4	—	—	—	—
NUMBER OF INDIVIDUAL CHILDREN HAVING DEFECTS WHICH REQUIRED TREATMENT OR TO BE KEPT UNDER OBSERVATION		23	14	9	9	—	2	1	1
		1243	—	475	—	26	—	8	—

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

		Boys.	Girls.	Total.
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools.	—	1	1
	Attending Certified Schools for Blind.	6	8	14
	Not at School	—	1	1
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools.	—	—	—
	Attending Certified Schools for the Deaf.	—	5	5
	Not at School	—	1	1

			Boys.	Girls.	Total.
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools.	9	10	19
		Attending Certified Schools for Mentally Defective Children.	—	—	—
		Notified to the Local Control Authority by Local Education Authority during the Year.	—	—	—
		Not at School	6	4	10
	Imbeciles.	At School	1	—	1
		Not at School	2	—	2
		(Special School)			
	Idiots.	—	2	—	2
These figures do not include those cases which have been notified to the Local Control Authority.					
Epileptics.		Attending Public Elementary Schools.	8	5	13
		Attending Certified Schools for Epileptics.	—	—	—
		In Institutions other than Certified Schools.	3	—	3
		Not at School	6	14	20
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools.	50	15	65
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools.	—	—	—
		Not at School	6	5	11
	Crippling due to Tuberculosis.	Attending Public Elementary Schools.	8	4	12
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools.	—	—	—
		Not at School	8	3	11
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools.	48	36	84
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools.	—	—	—
		Not at School	6	5	11

		Boys.	Girls.	Total
Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools.	100	76	176
	Attending Open-Air Schools...	—	—	—
	Attending Certified Schools for Physically Defective Children other than Open-Air Schools.	—	—	—
	Not at School	21	29	50
Dull or Backward..	Retarded 2 years	84	109	193
	Retarded 3 years	43	26	69

TABLE IV.—A. TREATMENT OF MINOR AILMENTS

Disease or Defect.	Number of Children.			
	Referred for Treatment	Under Local Education Authority's Scheme.	Otherwise.	Total.
ELEMENTARY SCHOOLS.				
<i>Skin—</i>				
Ringworm-Head	68	62	6	68
Ringworm-Body	20	19	1	20
Scabies	29	19	10	29
Impetigo	109	92	17	109
Minor Injuries	17	—	17	17
Other Skin Diseases	13	—	13	13
<i>Ear Diseases</i>	7	5	2	7
<i>Eye Diseases</i> (external and other).	132	99	33	132
<i>Miscellaneous</i>	278	90	188	278
SECONDARY SCHOOL.				
Ringworm.....	—	—	—	—
Miscellaneous.....	—	—	—	—

This does not include the number of minor ailments treated in School by the Nurses under the special scheme which will be referred to in the body of the Report.

TABLE IV. B.—TREATMENT OF VISUAL DEFECT.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme Clinic or Hospital	By Private Practitioner or Hospital	Otherwise.	Total.					
ELEMENTARY SCHOOLS.									
*761	276	91	154	521	358	358	11	11	152
*249 from previous year; 213 under observation; 27 left school.									
SECONDARY SCHOOL.									
*19	4	4	9	17	13	13	—	—	4
*4 from previous year; 1 under observation; 1 left school.									

TABLE IV. C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
ELEMENTARY SCHOOLS.				
*612	216	15	231	221
* 129 from previous year; 149 under observation; 11 left school.				
SECONDARY SCHOOL.				
*10	1	—	1	4
*4 from previous year; 4 under observation; 1 left school.				

TABLE IV. D.—TREATMENT OF DENTAL DEFECTS.

1. *Number of Children dealt with in 1923.*

ELEMENTARY SCHOOLS.	Age Groups										“Specials.”	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected at School and Clinic	122	992	1217	1340	1585	1492	1434	1314	1303	308	839	11946
(b) Referred for treatment	67	591	887	1128	1367	1237	1077	833	815	183	839	9024
(c) Treatment accepted	44	389	578	717	817	822	216	142	133	20	839	4717
(d) Presented for Treatment	29	214	354	503	617	607	172	169	140	4	839	3648
(e) Re-treated* (result of periodical inspection).	3	49	186	342	481	492	164	155	109	4	631	2616

SECONDARY SCHOOL.

[illegible]

*It is understood that cases under this head are also included under (d) above.

2.—Particulars of time given and of operations undertaken in 1923.

[illegible]

TABLE IV. F.

TABLE IV. I.				
Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
ELEMENTARY SCHOOLS.				
Malnutrition	64	—	34	34
Bronchitis	102	—	79	79
Hoarseness	1	—	1	1
Partial Deafness	1	—	1	1
Anæmia	12	—	8	8
Adenitis	2	—	2	2
Debility	3	—	1	1
Hammer Toe	1	—	1	1
Drop Foot	1	—	1	1
Enlarged Thyroid	1	—	1	1
Enlarged Cervical Glands...	2	—	1	1
Bronchial Asthma	2	—	2	2
Polypus in Ear	1	—	1	1
Slight Goitre and Tachycardia	1	—	1	1
Rickets	1	—	1	1
Knock Knee	1	—	—	—
Slight Rt. Ing. Hernia.....	1	—	—	—
	*197	—	135	135
*107 from previous year; 56 under observation; 6 left school.				
SECONDARY SCHOOL.				
Enlarged Thyroid.....	1	—	—	—
1 under observation.				

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS AS SHEWN IN
TABLE IV. (A, B, C, D).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
ELEMENTARY SCHOOLS.				
Minor Ailments.....	673	386	287	673
Visual Defects.....	761	276	245	521
Defects of Nose and Throat.....	612	216	236	452
Dental defects.....	9024	3648	—	3648
Other defects.....	197	—	135	135
Total.....	*11267	4526	903	5429
SECONDARY SCHOOL.				
Minor Ailments.....	—	—	—	—
Visual Defects.....	19	4	13	17
Defects of Nose and Throat.....	10	1	4	5
Dental Defects.....	175	—	—	—
Other Defects	1	—	—	—
Total.....	†205	5	17	22

* 485 from previous year.

† 8 from previous year.

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1923.

	Elementary.	Secondary.
(1) The total number of children medically inspected at the routine inspections.	3782	325
(2) The number of children in (1) suffering from—		
Malnutrition	15	—
Skin Disease	52	—
Defective Vision (including Squint)	299	11
Eye Disease	63	—
Defective Hearing	—	—
Ear Disease	98	—
Nose and Throat Disease	361	4
Enlarged Cervical Glands (non-tubercular)	—	—
Defective Speech	—	—
Dental Disease	102	—
Heart Disease—		
Organic	—	—
Functional	—	—
Anæmia	5	—
Lung Disease (non-tubercular)	56	—
Tuberculosis—		
Pulmonary { definite	—	—
suspected	7	—
Non-pulmonary	1	—
Diseases of the Nervous System	—	—
Deformities	1	—
Other defects and diseases	23	—
(3) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or foot-gear) who require to be kept under observation (but not referred for treatment).	219	11
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, &c.).	931	15
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, &c.).	813	12